

## UTAH VIATICAL SETTLEMENT PROVIDER ANNUAL REPORT

Report for Calendar Year \_\_\_\_\_

Provider Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_

Preparer's Name	
Title	
Address (if different from the provider)	
Email	

[illegible]

**CERTIFICATION:** By submitting this report, the provider certifies that the information is complete and accurate.